U.S. Department of Labor Office of Labor-Management Standard's Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Fallure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only	
AUG 1 5 2006 READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.	
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:	
1. File Number U - 199	2. Fiscal Year Covered From:
	01 / 101 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Thomas A. KLEIN	Name BOILBAMAKERS LOCAL LUDGE NU.5
	Labor Organization File Number 058-507
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 89 SPringbrook Rd.	Street 24 VAN SICLEM AVE.
City PORT JELVIS	City FLORAL PARK
State NEW YORK ZIP Code +4 /272/	State NEW YORIC ZIP Code + 4 //00/
5. Position in labor organization. VICE - PRESIDENT	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent,	
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name BoilerMAKELS ASSOCIATION OF CREATER MY	LABOR/MANAGEMENT LUNCHEON TO
Trade Name, if any: BAGNY	Discuss ways to Promote our Industry And MALKET TO UTICITIES 10/19/04
	AND MATRET TO UTICITIES 10/19/04
P.O. Box, Bldg., Room No., if any STE # 2200	7.b. Amount.
Street 16 COURT ST.	
City BLOOKLYN	\$ 50.00
State NEW YORK ZIP Code +4 1/24/	
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
and displace in the manage and period, and complete. (ede the section on periodics in the instructions.)	
Signed thom 21	On 8/8/05 845.355.1654

Date

Telephone Number